

**BURBANK PARK, RECREATION AND COMMUNITY SERVICES DEPARTMENT
YOUTH SPORTS PARENTAL CONSENT FORM**

Child's Name: _____ Home Phone: _____
Parent's Name: _____ Work Phone: _____

Any physical ailments coaches should be aware of? (weak ankles, asthma, headaches, etc.)

Any medication taken regularly? _____

Any medication allergies? _____

Family Doctor: Name: _____ Phone: _____

Address: _____

PARENTAL CONSENT FOR YOUTH SPORTS PARTICIPATION

(I)(We), the undersigned, parents of _____ a minor, give permission for my child to participate in the Burbank Park, Recreation and Community Services Department's _____ youth sports program.
(specify sport)

Dated: _____

Legal Guardian Signature

Father Print Name

Father Signature

Mother Print Name

Mother Signature

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parents of _____ a minor, do hereby authorize _____ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until _____, unless sooner revoked in writing delivered to said agent(s).

Dated: _____

Legal Guardian Signature

Father Print Name

Father Signature

Mother Print Name

Mother Signature